

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
VICTORIA DIVISION

| | | |
|-----------------------------|---|---------------------------|
| IN RE: | § | Case No. 22-60020 |
| | § | |
| INFOW, LLC, <i>et al.</i> , | § | Chapter 11 (Subchapter V) |
| | § | |
| Debtors ¹ | § | Jointly Administered |

EXHIBIT G-1

¹ The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.

05-102
(Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

3 2 0 4 8 0 6 6 5 0 3

■ Report year

2 0 2 1

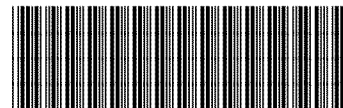
You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

| | | | |
|--|--------------------|--|-------------------|
| Taxpayer name INFOWARS HEALTH, LLC | | <input checked="" type="checkbox"/> Blacken circle if the mailing address has changed. | |
| Mailing address PO Box 19549 | | Secretary of State (SOS) file number or Comptroller file number | |
| City AUSTIN | State TX | ZIP code plus 4 78760 | 0801602061 |

☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

| |
|---|
| Principal office PO Box 19549, AUSTIN, TX, 78760 |
| Principal place of business PO Box 19549, AUSTIN, TX, 78760 |

You must report officer, director, member, general partner and manager information as of the date you complete this report.



1000000000015

Please sign below!**This report must be signed to satisfy franchise tax requirements.****SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

| | | | |
|--|-------------------------|--|--|
| Name ALEX JONES | Title MANAGER | Director <input type="checkbox"/> YES | Term expiration m m d d y y [][][][][][] |
| Mailing address PO Box 19549 | City AUSTIN | State TX | ZIP Code 78760 |
| Name | Title | Director <input type="checkbox"/> YES | Term expiration m m d d y y [][][][][][] |
| Mailing address | City | State | ZIP Code |
| Name | Title | Director <input type="checkbox"/> YES | Term expiration m m d d y y [][][][][][] |
| Mailing address | City | State | ZIP Code |

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

| | | | |
|--|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

| | | | |
|--|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
|--|--------------------|-------------------------------|-------------------------|

Registered agent and registered office currently on file (see instructions if you need to make changes)

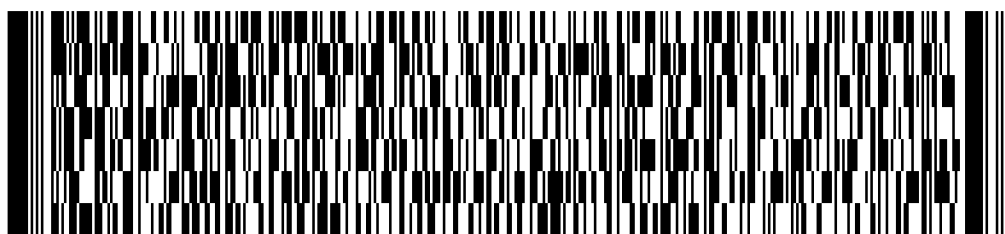
Agent: **Eric Taube**You must make a filing with the Secretary of State to change registered
agent, registered office or general partner information.

| | | | |
|--|-----------------------|--------------------|--------------------------|
| Office: 100 Congress Ave 18th Flr | City Austin | State TX | ZIP Code 78701 |
|--|-----------------------|--------------------|--------------------------|

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

| | | | |
|----------------------------|-----------------------|---------------------------|---|
| sign here Bill Love | Title AGENT | Date 11/10/2021 | Area code and phone number (512) 646 - 4408 |
|----------------------------|-----------------------|---------------------------|---|

Texas Comptroller Official Use Only

| | | | |
|-------|--------------------------|---------|--------------------------|
| VE/DE | <input type="checkbox"/> | PIR IND | <input type="checkbox"/> |
|-------|--------------------------|---------|--------------------------|



IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
VICTORIA DIVISION

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| IN RE: | § | Case No. 22-60020 |
| | § | |
| INFOW, LLC, <i>et al.</i> , | § | Chapter 11 (Subchapter V) |
| | § | |
| Debtors ¹ | § | Jointly Administered |

EXHIBIT G-2

¹ The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.

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■ Tcode 13196 Franchise

■ Taxpayer number

3 2 0 4 8 0 6 6 5 0 3

■ Report year

2 0 2 0

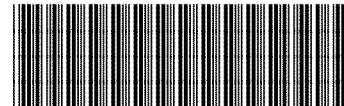
You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

| | | | |
|--|--------------------|--|-------------------|
| Taxpayer name INFOWARS HEALTH, LLC | | <input checked="" type="checkbox"/> Blacken circle if the mailing address has changed. | |
| Mailing address PO Box 19549 | | Secretary of State (SOS) file number or Comptroller file number | |
| City AUSTIN | State TX | ZIP code plus 4 78760 | 0801602061 |

☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

| |
|---|
| Principal office PO Box 19549, AUSTIN, TX, 78760 |
| Principal place of business PO Box 19549, AUSTIN, TX, 78760 |

You must report officer, director, member, general partner and manager information as of the date you complete this report.



1000000000015

Please sign below!**This report must be signed to satisfy franchise tax requirements.****SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

| | | | |
|--|-------------------------|--|--|
| Name ALEX JONES | Title MANAGER | Director <input type="checkbox"/> YES | Term expiration m m d d y y [][][][][][] |
| Mailing address PO Box 19549 | City AUSTIN | State TX | ZIP Code 78760 |
| Name | Title | Director <input type="checkbox"/> YES | Term expiration m m d d y y [][][][][][] |
| Mailing address | City | State | ZIP Code |
| Name | Title | Director <input type="checkbox"/> YES | Term expiration m m d d y y [][][][][][] |
| Mailing address | City | State | ZIP Code |

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

| | | | |
|--|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

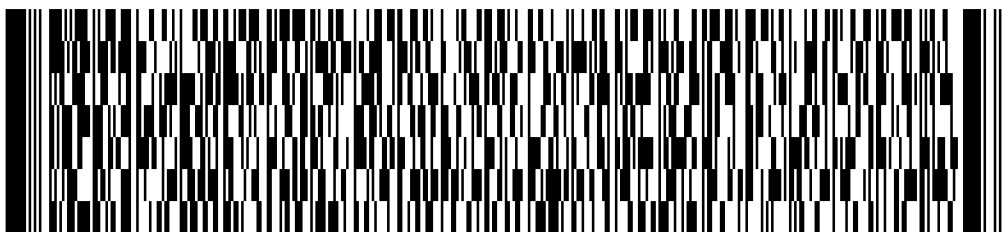
| | | | |
|--|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
|--|--------------------|-------------------------------|-------------------------|

| | | | |
|---|-----------------------|--|--------------------------|
| Registered agent and registered office currently on file (see instructions if you need to make changes) | | You must make a filing with the Secretary of State to change registered agent, registered office or general partner information. | |
| Agent: Eric Taube | | | |
| Office: 100 Congress Ave 18th Flr | City Austin | State TX | ZIP Code 78701 |

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

| | | | |
|--------------------------------|-----------------------|---------------------------|---|
| sign here ALEX JONES | Title AGENT | Date 11/11/2020 | Area code and phone number (512) 646 - 4408 |
|--------------------------------|-----------------------|---------------------------|---|

Texas Comptroller Official Use Only

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|-------|--------------------------|---------|--------------------------|
| VE/DE | <input type="checkbox"/> | PIR IND | <input type="checkbox"/> |
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| Debtors ¹ | § | Jointly Administered |

EXHIBIT G-3

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■ Tcode 13196 Franchise

■ Taxpayer number

3 2 0 4 8 0 6 6 5 0 3

■ Report year

2 0 1 9

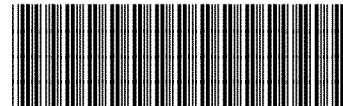
You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

| | | | |
|--|--------------------|--|-------------------|
| Taxpayer name INFOWARS HEALTH, LLC | | <input checked="" type="checkbox"/> Blacken circle if the mailing address has changed. | |
| Mailing address 3005 S LAMAR BLVD STE D109 317 | | Secretary of State (SOS) file number or Comptroller file number | |
| City AUSTIN | State TX | ZIP code plus 4 78704 | 0801602061 |

☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

| |
|---|
| Principal office 3005 S LAMAR BLVD STE D109 317, AUSTIN, TX, 78704 |
| Principal place of business 3005 S LAMAR BLVD STE D109 317, AUSTIN, TX, 78704 |

You must report officer, director, member, general partner and manager information as of the date you complete this report.



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Please sign below!**This report must be signed to satisfy franchise tax requirements.****SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

| | | | | | | | | | | | | | | | |
|--|-------------------------|--|--|---|---|---|---|---|---|--|--|--|--|--|--|
| Name ALEX JONES | Title MANAGER | Director <input type="checkbox"/> YES | Term expiration <table border="1"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | m | m | d | d | y | y | | | | | | |
| m | m | d | d | y | y | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Mailing address 3005 S LAMAR BLVD STE D109 317 | City AUSTIN | State TX | ZIP Code 78704 | | | | | | | | | | | | |
| Name | Title | Director <input type="checkbox"/> YES | Term expiration <table border="1"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | m | m | d | d | y | y | | | | | | |
| m | m | d | d | y | y | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Mailing address | City | State | ZIP Code | | | | | | | | | | | | |
| Name | Title | Director <input type="checkbox"/> YES | Term expiration <table border="1"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | m | m | d | d | y | y | | | | | | |
| m | m | d | d | y | y | | | | | | | | | | |
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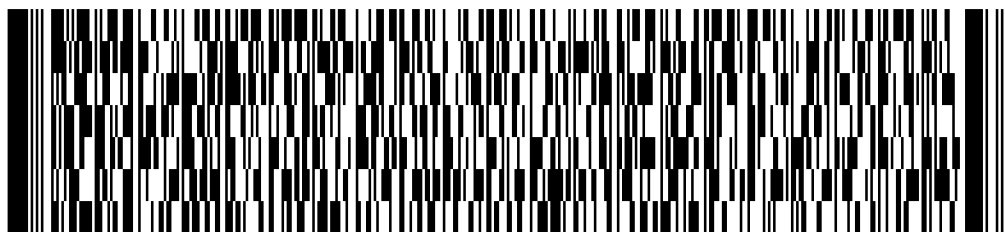
Agent: **H ALLEN HILL JR**You must make a filing with the Secretary of State to change registered
agent, registered office or general partner information.

| | | | |
|-------------------------------------|-----------------------|--------------------|--------------------------|
| Office: 400 W 15TH SUITE 808 | City AUSTIN | State TX | ZIP Code 78701 |
|-------------------------------------|-----------------------|--------------------|--------------------------|

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I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

| | | | |
|--------------------------------|-----------------------|---------------------------|---|
| sign here ALEX JONES | Title AGENT | Date 10/24/2019 | Area code and phone number (512) 646 - 4408 |
|--------------------------------|-----------------------|---------------------------|---|

Texas Comptroller Official Use Only

| | | | |
|-------|--------------------------|---------|--------------------------|
| VE/DE | <input type="checkbox"/> | PIR IND | <input type="checkbox"/> |
|-------|--------------------------|---------|--------------------------|



IN THE UNITED STATES BANKRUPTCY COURT
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| Debtors ¹ | § | Jointly Administered |

EXHIBIT G-4

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■ Taxpayer number

3 2 0 4 8 0 6 6 5 0 3

■ Report year

2 0 1 8

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Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

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| Mailing address 3005 S LAMAR BLVD STE D109 317 | City AUSTIN | State TX | ZIP Code 78704 |
| Name | Title | Director <input type="checkbox"/> YES | Term expiration m m d d y y [][][][][][] |
| Mailing address | City | State | ZIP Code |
| Name | Title | Director <input type="checkbox"/> YES | Term expiration m m d d y y [][][][][][] |
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SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

| | | | |
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Registered agent and registered office currently on file (see instructions if you need to make changes)

Agent: **H ALLEN HILL JR**You must make a filing with the Secretary of State to change registered
agent, registered office or general partner information.Office: **400 W 15TH SUITE 808**

City

AUSTIN

State

TX

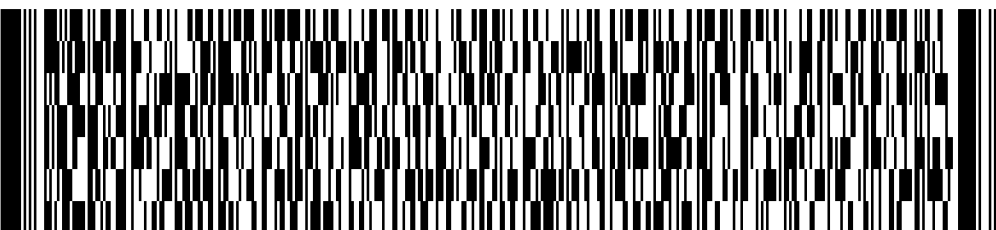
ZIP Code

78701

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| | | | |
|--------------------------------|-----------------------|---------------------------|---|
| sign here ALEX JONES | Title AGENT | Date 09/25/2018 | Area code and phone number (512) 646 - 4408 |
|--------------------------------|-----------------------|---------------------------|---|

Texas Comptroller Official Use Only

| | | | |
|-------|--------------------------|---------|--------------------------|
| VE/DE | <input type="checkbox"/> | PIR IND | <input type="checkbox"/> |
|-------|--------------------------|---------|--------------------------|



TRANSMITTER ID = CCHFTWSPROD

TLN = 00042714892